

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
PERSONAL CARE I (PC I) SERVICES

A. Objectives

The objectives of PC I Services are to preserve a safe and sanitary home environment, assist participants with home care management duties and to provide needed supervision of Medicaid Home and Community-Based waiver participants.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC I services must have demonstrated experience in providing PC I or a similar service.
2. Providers must utilize the automated systems mandated by CLTC to document and bill for the provision of services.
3. Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.
4. The provider must verify the participant's Medicaid eligibility when it accepts a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.
5. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.

C. Description of Services To Be Provided

1. The Unit of Service is one (1) hour of direct services provided in the participant's residence for shopping, laundry services, other off-site services or escort services. The amount of time authorized does not include the aide's transportation time to and from the participant's residence.
2. The Provider shall provide CLTC a list of regularly scheduled holidays for the coming calendar year each September. The provider is not required to furnish services on those days. The PC I Provider agency may not be closed for more than two (2) consecutive days except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC I Provider agency may be closed for not more than four (4) consecutive days.
3. The number of units and services provided to each participant are determined by the individual participant's needs as set forth in the

participant's Service Plan/Authorization.

4. **Under no circumstances will a PCI Provider furnish any type of skilled medical service.**
5. Services to be provided include:
 - a. meal planning and preparation
cleaning
laundry
shopping
home safety
errands
escort services
 - b. Limited assistance with financial matters, such as delivering payments to designated recipients on behalf of participants. Receipts for payment should be returned to participant.
 - c. Assistance with communication which includes, but is not limited to, placing phone within participant's reach and physically assisting participant with use of the phone, and orientation to daily events.
 - d. Observing and reporting on participant's condition.

D. Staffing

The provider must maintain individual records for all employees.

The Provider must maintain all of the following (supervisory positions can be sub-contracted):

1. A supervisor who meets the following requirements:
 - a. High school diploma or equivalent;
 - b. Capable of evaluating aides in terms of their ability to carry out assigned duties and their ability to relate to the participant;
 - c. Able to assume responsibility for in-service training for aides by individual instruction, group meetings, or workshops;
2. Aides who meet the following minimum qualifications:
 - a. Able to read, write and communicate effectively with participant and supervisor.
 - b. Able to use the Care Call IVR system.

- c. Capable of following a care plan with minimal supervision.
- d. Be at least 18 years of age.
- e. Have documented record of having completed six (6) hours of training in the areas indicated in Section D.2.g. aide training, prior to providing services or documentation of personal, volunteer or paid experience in the care of adults, families and/or the disabled, home management, household duties, preparation of food, and be able to communicate observations verbally and in writing;
- f. Complete at least six (6) hours in-service training per calendar year in the following areas:
 - 1. Maintaining a safe, clean environment and utilizing proper infection control techniques;
 - 2. Following written instructions;
 - 3. Providing care including individual safety, laundry, meal planning, preparation and serving, and household management;
 - 4. First aid;
 - 5. Ethics and interpersonal relationships;
 - 6. Documenting services provided;
 - 7. Home support, e.g.
 - cleaning
 - laundry
 - shopping
 - home safety
 - errands
 - observing and reporting the participant's condition

The annual six (6) hour requirement will be on a pro-rated basis during the aide's first year of employment.

- 3. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. The following family members cannot be a paid caregiver:
 - 1. The spouse of a Medicaid participant;
 - 2. A parent of a minor Medicaid participant;
 - 3. A step parent of a minor Medicaid participant;
 - 4. A foster parent of a minor Medicaid participant;
 - 5. Any other legally responsible guardian of a Medicaid

participant.

Family members who are primary caregivers will not be reimbursed for HASCI respite services. All other qualified family members can be reimbursed for their provision of PCI services.

4. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease or have had a positive TB test and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201, phone (803) 898-0558.

5. A criminal background check is required for all potential employees to include employees who will provide direct care to CLTC/SCDDSN participants and all administrative/office employees (office employees required to have background checks include: administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC/SCDDSN participants or work in an administrative/office position. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC/SCDDSN participants under the following circumstances:
 - Notification of participant/responsible party of aide's criminal background
 - Documentation in the participant record signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the discretion of the provider.

Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.

E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Provider must obtain the Service Plan/Authorization from the Case Manager/Service Coordinator prior to the provision of services. The authorization will designate the amount, frequency and duration of service for participants in accordance with the participant's CLTC Service Plan/SCDDSN

Authorization which will have been developed in consultation with the participant and others involved in the participant's care. The Provider will receive new authorizations only when there is a change to the authorized service amount, frequency or duration. The Provider must adhere to those duties which are specified in the CLTC Service Plan/SCDDSN Authorization in developing the Provider task list. This provider task list must be developed by the supervisor. If the Provider identifies PC I duties that would be beneficial to the participant's care but are not specified in the CLTC Service Plan/SCDDSN Authorization, the Provider must contact the Case Manager/Service Coordinator to discuss the possibility of having these duties included in the CLTC Service Plan/SCDDSN Authorization. **Under no circumstances will any type of skilled medical service be performed by an aide.** The Case Manager/Service Coordinator will make the decision as to whether the CLTC Service Plan/SCDDSN Authorization should be amended to include the additional duty. This documentation will be maintained in the participant files.

4. As part of the conduct of service, the supervisor of PC I services must:
 - a. Provide an initial visit prior to the start of PC I services for the purpose of reviewing CLTC plan of care, developing a task list for the aide, **(this task list must be developed prior to the provision of any PC I services)**, giving the participant written information regarding advanced directives and informing participants of their right to complain about the quality of PC I services provided. The supervisor must give participants information about how to register a complaint. Complaints against aides must be investigated by the Provider and appropriate action taken. Documentation must be maintained in the participant and the aide's file.
 - b. Provide on-site supervision at least once every 365 days for each participant and phone and/or on-site contact with the participant at least once every 120 days. Supervisors must make phone contacts or conduct on-site supervision more frequently if warranted by complaints or indications of substandard performance by the aide.
 - c. Each supervisory visit must be documented in the participant's file and recorded in Care Call. The Supervisor's report of the on-site visits must include, at a minimum:
 1. Documentation that services are being delivered consistent with the CLTC Service Plan/SCDDSN Authorization;
 2. Documentation that the participant's needs are being met;
 3. Reference to any complaints which the participant or family member/responsible party has lodged;
 4. A brief statement regarding any changes in the participant's service needs; and

5. Supervisor's original signature and date. Rubber signature stamps are not acceptable.

Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of the visit.

- d. Supervisors must provide assistance to aides as necessary.
 - e. Supervisors must be accessible by phone and/or beeper during any hours services are being provided under this contract. If the PC I supervisory position becomes vacant, SCDHHS must be notified no later than the next business day.
 - f. If there is a break in service which lasts more than sixty (60) days, the supervisor will be required to complete a new initial visit.
5. In addition, the Provider must maintain an individual participant record that documents the following items:
 - a. Initiation of PC I services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid Home and Community-Based waiver authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the CLTC Service Plan/SCDDSN Authorization.
 - b. Notification to the Case Manager/Service Coordinator within two (2) working days of the following participant changes:
 1. Participant's condition has changed and the CLTC Service Plan/SCDDSN Authorization no longer meets participant's needs or the participant no longer appears to need PC I services.
 2. Participant dies, is institutionalized or moves out of the service area.
 3. Participant no longer wishes to participate in a program of PC I services.
 4. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
 - c. The provider will maintain a record keeping system that documents:
 1. **For CLTC participants:** The delivery of services in accordance with the CLTC Service Plan. The provider shall not ask the participant/responsible person to sign any log or task sheet. Task sheets must be reviewed, signed, with original

signature (rubber signature stamps are not acceptable), and dated, every two (2) weeks by the supervisor. Task sheets must be filed in the participant's file within thirty (30) days of service delivery.

2. **For SCDDSN participants:** The delivery of services and units provided in accordance with the service authorization. The provider will maintain daily logs reflecting the PCI services provided by the aides for the participants and the actual amount of time expended for the service. The daily logs must be initialed daily by the participant/family member and the aide, and must be signed weekly by the participant/family member and signed, with original signature (rubber signature stamps are not acceptable), and dated by the Supervisor at least once every two weeks. Daily logs must be filed in the participant's file within thirty (30) days of service delivery.
- d. **For CLTC participants only:** For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call web site the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for SCDDSN participants.
- e. Whenever two consecutive attempted visits occur, the local CLTC/SCDDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services.

E. Administrative Requirements

1. The Provider must inform CLTC of the Provider's organizational structure, including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training, and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.
2. The Provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

3. Administrative and supervisory functions shall not be delegated to another organization.
4. The Provider shall acquire and maintain for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The Provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.
5. The Provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body, personnel and will be made available to SCDHHS upon request.
6. The Provider must comply with Article IX, Section AA of the Contract regarding safety precautions. The Provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees.
7. The Provider agency shall ensure that key agency staff are accessible in person, by telephone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
8. The Provider will ensure that its office is staffed by qualified personnel during the hours of 10:00 am to 4:00 pm., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 am to 5:00 pm, Monday through Friday. The provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
9. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC I services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

Effective July 1, 2009